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CONFIRMATION NO. 6408

<b>SERIAL NUMBER</b> 09/755,383	<b>FILING OR 371(c) DATE</b> 01/05/2001 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2629	<b>ATTORNEY DOCKET NO.</b> IMMR-0029B
<b>APPLICANTS</b> Bruce M. Schena, Menlo Park, CA; Louis B. Rosenberg, Pleasanton, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/401,044 09/22/1999 PAT 6,191,774 which is a CON of 08/881,691 06/24/1997 PAT 6,100,874 which is a CIP of 08/560,091 11/17/1995 PAT 5,805,140 and is a CIP of 08/756,745 11/26/1996 PAT 5,825,308				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 60140				
<b>TITLE</b> Force feedback interface device with touchpad sensor				
<b>FILING FEE RECEIVED</b> 976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	